## **Artists in Schools/Communities Program**

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Phone (406) 444-6522 Arts Education Hotline (800) 282-3092

You can download a copy of this form at: http://art.mt.gov/resources/resources\_sitemap.asp

## **Residency Evaluation Form for SPONSORS**

## **Section 1: PAYMENT INFORMATION**

Please fill in the spaces below <u>and</u> have the Artist in Residence (Independent Contractor) sign and date this section. When this form is received at our office, the Montana Arts Council will issue a check to the SPONSOR in the amount awarded in your grant notification letter unless the scope or cost of your project does not match the scope or budget as set forth in your approved application. This calculation will be based on the amount received by the artist as recorded below. You can expect your check within twenty (20) days of our receipt of both this form and the artist evaluation form.

Residency dates:	Beginning date Completion date
Sponsor Name (scho	ol or organization):
Street Address:	
City state zip:	
Contact person:	Contact Email:
Phone (daytime):	
Sponsor Tax Identifi	ication Number:
Cost of residency:     Artist fee     Travel     Lodging     Meals     Art supplies     Space rental     Total cost  \$ was particular to the lates and the lates are supplied to the lates are supp	(copy of receipts required) (copy of receipts required) (did to the Artist on or before the residency completion date for services and expenses in Montana Arts Council's Artists in the Schools/Communities Program. This is the total artist for this residency.
Artist signature	date signed
	nunity: Cash: \$ In-kind: \$ From school: Cash: \$ In-kind: \$ nunity event? Yes \[ \] No \[ \] Number of events \[ \]
Total number of part	Total teachers Total professional artists Community members icipants involved with the project (including audience): umber" indicates any student, parent, guardian, audience member, visitor, teacher,

## **Section 3: NARRATIVE REPORT**

Comments:

Please circle appropriate response and provide comments. (You may use the back of this form if you need more space for comments.)

more space for comments.)							
1. How would you rate your	overall	satisfact	tion wit	th this a	rtist res	idency?	
	Poor	1	2	3	4	5	Outstanding
Comments:							
					s an edu	cator/sp	onsor from having a visiting artist
in your classroom/ communi	ty? (Ple	ease be s	specific	e.)			
<u> </u>		tive pro	cess be	tween y	ou and	the visit	ing artist to set/define your learning
objectives and assessment to	ols?						
Comments:	Poor	1	2	3	4	5	Outstanding
Comments.							
1 Describe the process you i	and to	aat laarn	ing ohi	aativas	for the	rasidana	y. (Who else was involved, i.e.
teachers/administrators/com							·
<b>5.</b> Based on the outcomes of	your as	sessmen	it, how	would :	you rate	the resi	dency's success in achieving your
stated learning objectives? V	Vhat is	your evi	dence?	(Pleas	e attacl	h copies	of completed assessment tools.)
Б.1	Poor	1	2	3	4	5	Outstanding
Evidence:							
	1 ,		41		\1 1	• .1	0 W 41 1 C
<b>o.</b> To what extent did the stu		kperienc	T				n? Was it hands on for everyone?
	Poor	1	2	3	4	5	Outstanding

<b>7.</b> To what extent did the article enjoyed both the artist and the			igaging	the stud	ents in	the wor	kshop activities so that the students	
	Poor	1	2	3	4	5	Outstanding	
Comments:								
<b>8.</b> Was the artist respectful o		idents?						
Comments:	Poor	1	2	3	4	5	Outstanding	
<b>9.</b> To what extent did the arti of their own work and the we				on their	proces	s in orde	r to learn how to assess the quality	
Comments:	Poor	1	2	3	4	5	Outstanding	
10. If you had a community event, was it a success? Please attach media clippings, if any.								
<del>_</del>	s the be	nefit of	this arti	st experi	ience.		ed (i.e. students, teachers, parents, be at a personal or community	
<b>12.</b> Are you planning to sponsor a visiting artist next year? Yes No Why or why not?								
13. How would you rate the assistance (support and information) you received from the MT Arts Council?								
Suggestions?	Poor	1	2	3	4	5	Outstanding	